PART B - FEE(S) TRANSMITTAL

Complete and send this form, together wan applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless correct maintenance fee notifica	ted below or directed of	nerwise in Block 1, by (t correspondence address sarate "FEE ADDRESS" f		
CURRENT CORRESPOND	No Fe pa	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanyin papers. Each additional paper, such as an assignment or formal drawing, muchave its own certificate of mailing or transmission.							
7055	7590 10/01	/2007	110						
	M & BERNSTEIN CLARKE PLACE 20191	, P.L.C.	I I St ad tra	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimil transmitted to the USPTO (571) 273-2885, on the date indicated below.					
							(Depositor's name		
			Γ				(Signature		
							(Date		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.		
10/618,687	07/15/2003		Tetsuro Ogawa			P23556	5517		
			D SINTERED CALCIUI						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1440	\$300	\$0		\$1740	01/02/2008		
EXAM		ART UNIT	CLASS-SUBCLASS	j					
GROUP,		1755	501-072000						
 Change of corresponds CFR 1.363). 	ence address or indication	of "Fee Address" (37	2. For printing on the			GREENB	LUM & BERNSTEI		
Change of corresp	ondence address (or Cha B/122) attached.	nge of Correspondence	(1) the names of up to or agents OR, alternat	ively,		cys -			
"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	ication (or "Fee Address"	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed attorneys or agents.							
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or ty	pe)					
PLEASE NOTE: Unl recordation as set fort	less an assignee is identi h in 37 CFR 3.11. Comp	fied below, no assignee letion of this form is NO	data will appear on the T a substitute for filing ar	atent. If an assign assignment.	ee is ide	entified below, the d	ocument has been filed fo		
(A) NAME OF ASSIG	GNEE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
PENTAX Co: Tadashi K			Tokyo, Japan and						
			Kyoto; Japan Corporation or other private group entity ☐ Governm						
Please check the appropri	iate assignee category or	categories (will not be pr	inted on the patent):	Individual 🚾 Co	rporatio	on or other private gre	oup entity Governmen		
4a. The following fee(s)	are submitted:	4b	. Payment of Fee(s): (Ple	ase first reapply an	y previ	ously paid issue fee	shown above)		
Issue Fee			A check is enclosed.						
Advance Order - #	to small entity discount p								
- Travance order - N	or copies		overpayment, to Dep	sit Account Number	19-	0089 (enclose a	n extra copy of this form).		
 Change in Entity Stat a. Applicant claims 	tus (from status indicated s SMALL ENTITY statu		☐ b. Applicant is no lor	ger claiming CMAT	I ENT	ITV status Con 27 Cl	ED 1 27(-)(2)		
			from anyone other than	he applicant; a regis	tered at	tomey or agent; or th	te assignee or other party in		
interest as snown by the r	georgs of the United Stat	es Patent and Trademark	Office.			- / -	J		
Authorized Signature	#U/1	h	Arnold Turk	Date	42	(6/07			
Typed or printed name			Keg. No. 33)94 Registration N	o. <u>2</u>	9,027			
This collection of informs an application. Confident submitting the completed this form and/or suggestion Box 1450, Alexandria, Vi Alexandria, Virginia 2231	ation is required by 37 Cliality is governed by 35 application form to the one for reducing this bun riginia 22313-1450. DO 13-1450.	R 1.311. The information U.S.C. 122 and 37 CFR 1 USPTO. Time will vary iden, should be sent to the NOT SEND FEES OR C	n is required to obtain or 1.14. This collection is es depending upon the indi- chief Information Offic COMPLETED FORMS T	retain a benefit by the imated to take 12 m ridual case. Any content, U.S. Patent and O THIS ADDRESS.	ne publication publication publication in the publi	which is to file (and to complete, including on the amount of tirth of the complete of the trk Office, U.S. Depart TO: Commissioner	by the USPTO to process g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450		

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together was applicable fee(s), to: Mail
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fay. (5711-273-2885

				or Fax	(3/1	J-213-2003				
INSTRUCTIONS: This for appropriate. All further co- indicated unless corrected maintenance fee notification	orm should be used for prespondence includin below or directed oth ons.	or trang the erwise	smitting the ISSU Patent, advance of in Block 1, by (a							
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.					
7055 7	590 10/01/	2007			111140 1					
GREENBLUM 1950 ROLAND C RESTON, VA 201		I here States addres transn	by certify that the Postal Service was sed to the Mail	is Fee(s vith suff Stop	of Mailing or Trans Transmittal is bein ficient postage for fit ISSUE FEE address 1) 273-2885, on the	g deposited with the Unite st class mail in an envelop above, or being facsimil				
									(Depositor's name)	
									(Signature)	
									(Date)	
APPLICATION NO.	FILING DATE			FIRST NAMED INVENT	FOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/618,687	07/15/2003		•	Tetsuro Ogawa				P23556	5517	
TITLE OF INVENTION: O	CAO-SIO2-BASED B	10AC	TIVE GLASS AN	D SINTERED CALCI	UM P	HOSPHATE GL	ASS U	SING SAME		
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE D	UE I	PREV. PAID ISSU	e fee	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1440	\$300	_	\$0		\$1740	01/02/2008	
EXAMIN	ER		ART UNIT	CLASS-SUBCLASS						
GROUP, K.	ARL E		1755	501-072000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached. "Fee Address form for or "Fee Address" indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the pattent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternativety, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is intect, no name will be printed.						
3. ASSIGNEE NAME ANI	RESIDENCE DATA	TOE	E PRINTED ON	THE PATENT (print or	r type)				
		fied b	elow, no assignee of this form is NO						locument has been filed fo	
(A) NAME OF ASSIGNEE					: (CITY and STATE OR COUNTRY)					
PENTAX Corp Tadashi KO				Tokyo, J Kyoto, J						
Please check the appropriat	e assignee category or	catego	ries (will not be pr				orporatio	on or other private gr	oup entity Governmen	
4a. The following fec(s) are submitted: 2i Issue Fee 3i Publication Fee (No small entity discount permitted) Advance Order - # of Copies				ib. Psyment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Psyment by crodit card.: The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0089 (enclose an extra copy of this form).						
5. Change in Entity Status a. Applicant claims S				☐ b. Applicant is no				-		
NOTE: The Issue Fee and I interest as shown by the re-	Publication Fee (if requ	ired) v	will not be accepted	d from anyone other th	an the	applicant; a regi	stered a	ttorney or agent; or t	he assignee or other party is	
Authorized Signature	W	<u> </u>	7	Arnold Tur	k	Date /	2/5	26/07		
Typed or printed name	Bruce W. Ber	nst	ein	Reg. No. 3	309	Registration N	lo	29,027		
This collection of informati an application. Confidentia submitting the completed a his form and/or suggestion Box 1450, Alexandria, Vir	on is required by 37 Ci lity is governed by 35 pplication form to the s for reducing this bur ginia 22313-1450. DO	FR 1.3 U.S.C USPT den, sl NOT	11. The information 122 and 37 CFR O. Time will vary tould be sent to the SEND FEES OR O.					to which is to file (an to complete, including s on the amount of the lark Office, U.S. Dep O TO: Commissioner	d by the USPTO to process ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.